4, from a pipette; a clear blue-violet solution results. Pour into an evaporating dish and boil until about one-third of the original volume has gone, at which time a gray-white precipitate comes down. Pour into a centrifuge tube, washing the evaporating dish well, and centrifuge at high speed, draw off the clear blue superwatered fluid, mix the precipitate well with water, centrifuge, and repeat until the fluid remains absolutely clear, colorless, and incapable of producing foam when shaken, this being a trustworthy test for the absence of protein. The sediment, now colloid free, is dissolved in 10 c.c. of concentrated H_2SO_4, and the uric acid determined by titrating with a solution of K_2MnO_4. It may be best to add a known amount of uric acid and, say, 0.01 gram, and titrate the difference. The serum used must be fresh, preferably sterile, and absolutely free from blood. The method will detect 0.005 to 0.025 gram of uric acid per 10 c.c. of serum, is relatively simple, and requires only an hour's time.

Addison's Disease.—Lowy (*Deutsch. Archiv f. klin. Med.*, 1913, cx, 373) presents a case of Addison's disease, diagnosticated clinically by reason of the marked pigmentation, myasthenia, diarrhea, emaciation, hypothermia, and low blood pressure, these symptoms occurring in association with rapid mental deterioration in a man, aged twenty-one years, who had previously been of more than average intelligence. Tuberculin tests were negative; there was no marked anemia, but a lymphocytosis of 33 per cent., and a mild grade of eosinophilia. At autopsy the interesting findings were, first the complete absence of the specific cellular elements of the cortex of both adrenals, which were composed entirely of medullary parenchyma and second the existence of a well-developed status thymicolymphaticus. Hedinger had previously called attention to the fact that in 15 cases of Addison's disease 7 showed the existence of a status thymicolymphaticus, while in 5 others there was pronounced lymphatic hyperplasia, and he expressed the idea first advanced by Wiesel that in these cases the normal balance between the lymphatic glands and chromaffin system had been disturbed through deficiency in the latter, to which was to be ascribed both the glandular hyperplasia and the various manifestations of Addison's disease. This theory was opposed to that which assumes that the cause of Addison's disease is to be found in the cortex of the adrenals; it has, moreover, been shown experimentally in animals that the adrenal cortex is necessary for life, a finding apparently confirmed in this case. The persistently low blood pressure, despite the apparent integrity of the adrenalin-producing cells, leads to the conjecture as to whether or not the thymus may have been responsible, Mohr having shown that thymus extracts are capable of producing tachycardia, asthenia, and low vascular tonus. Moreover, the embryological relationship between the "interrenal" system and the brain may in some way be turned to account for the pronounced mental changes observed in this case. Clinically the frequency with which Addison's disease is accompanied by a status lymphaticus should make one very careful to avoid any procedure apt to induce psychic disturbances, and a sudden lethal result. The relatively characteristic blood picture of Addison's disease finds reasonable explanation in the coincident glandular hypertrophy and recently

Weidenreich has shown that the thymus itself may be a source not only of lymphoid elements, but also of the granular cells and eosinophiles in particular.

The Irritative Effects of Ascaris on the Intestines of Man.—J. C. Huber (*Münch. med. Woch.*, 1912, lix, 2669) reports a noteworthy case of ascaris infection. The patient, a boy, aged thirteen years, had suffered for two years from periodic attacks of pain in the right iliac fossa. Every two weeks or so, ascarides were passed with the stools. Huber saw the patient suffering with sharp pains in the right iliac fossa and vomiting. His temperature was 37.6, pulse 90. There was tenderness at McBurney's point and diminished resonance in the right iliac fossa. No mass was palpable. Appendicitis was diagnosticated and laparotomy performed. A moderate amount (50 to 510 c.c.) of free serous fluid was found on opening the abdomen. The appendix was perfectly normal in appearance. The ileum, however, for a distance of about 20 cm. showed a reddened serosa and plainly dilated lymph channels in the subserous layers. This extended to within 8 to 10 cm. of the ileocecal valve. In the mesentery of the congested part of the gut moderate swelling of the glands was visible and palpable. In the congested part and just above it one could feel worm-like bodies, evidently ascarides. Four days after the operation, seventeen ascarides were passed spontaneously. After administering santonin and calomel, forth-nine more worms were obtained. Huber suspects that such attacks as his patient sufferend from are not rare in ascaris infections, though the lesions may not always be so evident. The possibility should be considered, especially in patients known to be infected with Ascaris lumbricoides.

Superpermeability in Nephritis.—Baetjer, during the study of renal function in the various clinical types of nephritis (*Arch. Int. Med.*, 1913, xi, 593) was impressed with a certain peculiarity common to 4 cases, namely a supranormal excretion of some of the substances employed. All were outspoken clinical cases of chronic nephritis with edema and large content of albumin in the urine. In 3 of them the phthalein elimination was well above normal, 83 to 90 per cent., for two hours. The lactose test showed the same tendency—in one and two hours, in 2 of the cases, a marked increase in rapidity of excretion. In 2 cases there was a definite delay in the elimination of potassium iodide, sixty-eight and seventy-two hours. But in common to all was the impaired salt elimination, the one test which gave evidence of functional renal impairment in these cases. The association was of an impaired sodium chloride elimination with a supranormal excretion of lactose and phthalein. Baetjer believes that there may exist in some types of nephritis a stage in which the kidney is hyperpermeable, at least to some substances used for functional tests, with an elective impermeability for chlorides. This fact emphasizes the need of studying renal function from the standpoint of a considerable series of functional tests rather than to draw conclusions from the excretion of any one drug. Similar observations, as Baetjer points out, have been made as to the elimination of other coloring matters, notably by Bard, Bernard, and Castaigne, in connection with methylene blue.